This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION /	NUMBER: .							
Total Fee Calculation								
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	*	Total
	Sm./Lg.				Sm. Entity	Lg. Entit	y	
Basic Filing Fee	201/101						=	
Total Claims >20	203/103	-20 =		x	 ·	<u> </u>	=	
Independent Claims >3	202/102	3 =		X	·		=	
Mult. Dep Claim Present	204/104					 .	=	
Surcharge	205/105	·					=	
English Translation	139	•				·		
TOTAL FEE CALCUL	ATION							
Fees due upon filing	the application:	77						
Total Filing Fees Due	:= \$	1860	· .	_				÷
Less Filing Fees Subr	mitted -\$	420	·					
BALANCE DUE	= \$_ 7 Ame	1440	2	◆				
Office of Initial Pater	t Examination							

FORM OIPE-RAM-01 (Rev. 12/97)